



CHECK FOR HEALTH

Workplace Environmental Assessment

How healthy is your workplace?



The Network for a Healthy California—Worksite Program



Why complete Check for Health?

Savvy employers know that healthy employees demonstrate increased productivity and morale and lower healthcare costs. Employees notice and appreciate efforts by their employers to help them lead healthy lifestyles. As California and the nation face unprecedented increases in adult obesity and associated costs, eating 5 to 9 servings of fruits and vegetables and enjoying 30 minutes of physical activity every day will help protect employees from a number of chronic diseases related to lifestyle.

How healthy is your workforce? Are you doing all you can to help employees keep their medical costs down? It is important to provide an environment where employees can put healthy habits into practice!

Check for Health was created as an easy-to-use tool for assessing your worksite and demonstrating a commitment to your employees' health. Check for Health will assist you in evaluating the culture of health in your organization and how well that culture supports employees' healthy eating and physical activity habits. Use the information gathered from this assessment to make healthy changes at your worksite and to measure your progress over time. The accompanying recommendations are included to assist you with this task.

How do I use Check for Health?

This tool was designed with you in mind. It's easy! Check for Health requires no prior knowledge or experience.

Follow these simple instructions to learn more about the health environment around you and take the first powerful steps toward making positive changes.

1. Read through the entire document prior to beginning the assessment.
2. Check off all the items in Check for Health that apply to your worksite.
3. Walk through your worksite. Talk with employees in different departments and in a variety of jobs. Ask questions. Open your eyes to things you may not have noticed before.
4. Read through your results when your Check for Health assessment is complete. Identify areas you would like to improve.
5. Move on to the "Recommendations" section to help you make changes in the health environment at your worksite.
6. Discuss your results with key senior management. List for them ways that employee health and productivity is and can be supported for the benefit of everyone at the worksite. Enlist their support.
7. Follow up with your improvements. Notice any differences in the employees' productivity and morale. Strong follow-up is the key to quality, long-lasting changes to the workplace environment.
8. Conduct regularly scheduled assessments. Chart your progress by comparing the results of each assessment.

ORGANIZATIONAL CHARACTERISTICS

Workforce Characteristics

1. What is the total number of full- and part-time employees (not counting temporary or seasonal) in all locations of the entire company as of the last payroll?

Please provide your best estimate of the total number of employees who are employed by the entire organization, not your particular worksite.	
---	--

2. How many full- and part-time employees (not counting temporary or seasonal) are currently employed at your worksite?

Please provide your best estimate of the total number of employees who are employed by your particular worksite, not the entire organization.	
---	--

3. Approximately how many of the employees (not including temporary or seasonal) at your worksite are:

Full-time (35 hours or more)	
Salaried (as opposed to hourly)	
Under the age of 40	
Represented by a union	
Female	
White	

Manual labor (production, labor, unskilled work)	
Non-manual labor (administration, professional, sales, technical, clerical)	

4. In the past 12 months, did your worksite either downsize, increase the size of the workforce, or stay the same size? **Check only one.**

- ☐ Down-sized ☐ Stayed the same
☐ Increased ☐ Both down-sized and increased

Insurance

5. Does your worksite offer employees a health insurance plan?

- ☐ Yes
☐ No Go to question 7

6. What is your health insurance plan? **Check all that apply.**

- ☐ Health Maintenance Organization (HMO) ☐ Preferred Provider Organization (PPO)
☐ Indemnity Plan

HEALTH PROMOTION PROGRAMS AND SERVICES

7. Does your worksite offer employees any health promotion programs, services, or classes?

☐ Yes

☐ No Go to question 9

For question 8, give your best estimate for the number of times the health promotion program or service is offered or the classes meet. When indicating the number of class sessions in the past year, please indicate the total number of meeting times. For example, if a course is offered one time but has 12 class sessions, then count all 12 sessions. Or, if a class is offered all year long twice per week, then the total number of class sessions is 104.

8. Please indicate if the following health promotion programs or services are offered at your worksite. Mark YES or NO

		ANSWER ONLY IF OFFERED		
		ONSITE OR OFFSITE	FREE TO EMPLOYEES	HOW OFTEN IS THIS OFFERED PER YEAR
Healthy eating/nutrition classes	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ONSITE <input type="checkbox"/> OFFSITE	<input type="checkbox"/> YES <input type="checkbox"/> NO	___ # of class sessions in past year
Individual nutrition or diet management counseling	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ONSITE <input type="checkbox"/> OFFSITE	<input type="checkbox"/> YES <input type="checkbox"/> NO	___ # of counseling sessions in past year
Fitness assessments	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ONSITE <input type="checkbox"/> OFFSITE	<input type="checkbox"/> YES <input type="checkbox"/> NO	___ # of assessments in past year
Group physical activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ONSITE <input type="checkbox"/> OFFSITE	<input type="checkbox"/> YES <input type="checkbox"/> NO	___ # of class sessions in past year
Health risk appraisals	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ONSITE <input type="checkbox"/> OFFSITE	<input type="checkbox"/> YES <input type="checkbox"/> NO	___ # of appraisals in past year
Tobacco cessation classes	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ONSITE <input type="checkbox"/> OFFSITE	<input type="checkbox"/> YES <input type="checkbox"/> NO	___ # of class sessions in past year
Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ONSITE <input type="checkbox"/> OFFSITE	<input type="checkbox"/> YES <input type="checkbox"/> NO	___ # of other activities in the past year
Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ONSITE <input type="checkbox"/> OFFSITE	<input type="checkbox"/> YES <input type="checkbox"/> NO	___ # of other activities in the past year

PHYSICAL ENVIRONMENT

Cafeteria

9. Does your worksite have a cafeteria, snack bar, or food service for employees?

☐ Yes

☐ No Go to question 11

For question 10, “healthy” food alternatives include lowfat, reduced sodium, no sugar options such as lowfat or fat free yogurt or cheese, lean meat sandwiches, broiled or baked meats or fish, light or fat free mayonnaise or salad dressing, or whole grain breads. “Healthy” beverage alternatives include lowfat or fat free skim milk, 100% fruit juice, or water.

10. Please answer YES or NO to the following questions about your cafeteria.

Does the cafeteria, snack bar, or food service provide “healthy” food alternatives on a daily basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the cafeteria, snack bar, or food service provide fresh fruits and vegetables on a daily basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the cafeteria, snack bar, or food service provide dried fruit on a daily basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the cafeteria, snack bar, or food service provide “healthy” beverage alternatives on a daily basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the cafeteria, snack bar, or food service provide labels (for example, ‘lowfat’, ‘light’, ‘heart healthy’) to identify “healthy” food alternatives?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the cafeteria, snack bar, or food service label foods on the basis of nutritional value (for example, calories, fat grams, percent of calories from fat)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Vending Machines

11. Does your worksite have vending machines for employees to access food or beverages?

☐ Yes

☐ No Go to question 13

For question 12, “healthy” food alternatives include lowfat, reduced sodium options such as pretzels, baked chips, or crackers; “healthy” beverage alternatives include lowfat or fat free skim milk, 100% fruit juice, or water; “labels” are those that have been placed on or near the vending machine and do not include the messages provided by the manufacturer on the item itself.

12. Please answer YES or NO to the following questions about your vending machines.

Are fruits (dried or fresh), vegetables, lowfat snacks, or other “healthy” food alternatives usually available in your vending machines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are “healthy” beverage alternatives usually available in your vending machines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are labels to identify “healthy” food alternatives provided on or near the vending machines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are labels that indicate nutritional value provided on or near the vending machines?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PHYSICAL ACTIVITY

13. Please answer YES or NO to the following questions about the availability of items that enable people in your worksite to be physically active while at work.

		ANSWER ONLY IF AVAILABLE ONSITE	
		FREE TO EMPLOYEES	APPROXIMATE % OF EMPLOYEES WHO USE THESE FACILITIES
A locker room with showers	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
An indoor area set aside specifically for exercise and physical activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Aerobic exercise equipment, such as stationary cycles or Stairmasters	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Strength training equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Outdoor facilities, such as jogging trails	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		SAFE	WELL-LIT
Accessible, stairwells	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bicycle Parking	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

POLICIES AND INCENTIVES

For question 14, material incentives could include t-shirts, coffee mugs, cash payments, or other items. Benefits plan-related incentives could include improved benefit allowances, discounted health insurance, increased disability payments, additional life insurance, or added vacation "well days" off.

14. Please answer YES or NO to the following questions about incentives for healthy behaviors.

		ANSWER ONLY IF INCENTIVE PROVIDED	
		MATERIAL	BENEFITS-PLAN
Does your worksite provide any type of incentives for healthy eating?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your worksite provide any type of incentives for maintaining an ideal weight?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your worksite provide any type of incentives for engaging in physical activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

15. Please answer the following questions about policies at your worksite.

Does your worksite have policies that require healthy food preparation practices in the cafeteria (steaming, lowfat/salt substitutes, limited frying)?	<input type="checkbox"/> NONE <input type="checkbox"/> WRITTEN/FORMAL <input type="checkbox"/> INFORMAL
Does your worksite have policies that require healthy food choices in the cafeteria?	<input type="checkbox"/> NONE <input type="checkbox"/> WRITTEN/FORMAL <input type="checkbox"/> INFORMAL
Does your worksite have policies that require healthy food choices in the vending machines?	<input type="checkbox"/> NONE <input type="checkbox"/> WRITTEN/FORMAL <input type="checkbox"/> INFORMAL
Is it policy in your worksite to provide nutritious food and beverage options at company meetings and events?	<input type="checkbox"/> NONE <input type="checkbox"/> WRITTEN/FORMAL <input type="checkbox"/> INFORMAL
Does your worksite have a policy statement supporting employee physical activity (policies that allow workers additional time off for lunch to exercise, walk breaks, pre-heavy-labor stretching)?	<input type="checkbox"/> NONE <input type="checkbox"/> WRITTEN/FORMAL <input type="checkbox"/> INFORMAL
Is it company policy that health promotion programs are provided during company time (not lunch hour)?	<input type="checkbox"/> NONE <input type="checkbox"/> WRITTEN/FORMAL <input type="checkbox"/> INFORMAL
Does your worksite subsidize memberships to offsite recreation or fitness facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO

16. Please answer YES or NO to the following questions about promotional messages for healthy behaviors or health promotion programs at your worksite.

Does your worksite provide healthy eating messages to the general employee population, such as posters or brochures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your worksite provide physical activity or exercise messages to the general employee population, such as posters or brochures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your worksite promote the availability of onsite health promotion programs through at least two communication channels? (e.g., newsletters, bulletin boards)	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADMINISTRATIVE SUPPORT

17. Does your worksite have a wellness committee?

☐ YES
 ☐ NO

HEALTH NORMS AND VALUES

18. How many employees at your worksite:

	Almost no People	Some People	Half the People	Most People	All People	Don't Know
Are good role models for making healthy food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are good role models for a physically active lifestyle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would support others if they tried to adopt good health habits (e.g., healthy eating and physical activity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Please indicate how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
This company values healthy workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This company is genuinely concerned about the health and well-being of workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to see that top management has a commitment to improving employee health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to see that middle management has a commitment to improving employee health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUAL CHARACTERISTICS

20. What is your current position?

- | | |
|---|---|
| <input type="checkbox"/> Upper Level Manager | <input type="checkbox"/> Food Service Manager |
| <input type="checkbox"/> Middle Level Manager | <input type="checkbox"/> Labor Representative/Union Steward |
| <input type="checkbox"/> Lower Level Manager | <input type="checkbox"/> Clerical/Administrative Assistant |
| <input type="checkbox"/> Human Resources Representative | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health and Safety Representative | |

21. How long have you been employed by this company?

_____ Years _____ Months

22. During the past month, how healthy was your diet?

☐ Very healthy

☐ Somewhat healthy

☐ Somewhat unhealthy

☐ Very unhealthy

23. During the past month, did you participate in any physical activities, such as running, swimming, golfing, or walking?

☐ YES

☐ NO



CONGRATULATIONS ON COMPLETING CHECK FOR HEALTH!

A version of this assessment tool was created at St. Louis University by a team funded by the Centers for Disease Control and Prevention. It was based on an instrument developed by Brian Fisher at New York State Department of Health.

RECOMMENDATIONS

Nutrition

- Let your cafeteria, catering truck, and vending machine vendors know that you want healthy food at and near your worksite!
- Work with your vendors to make sure that healthy choices, as identified by Check for Health, are available in the cafeteria, catering trucks, and vending machines. Request that healthier options cost less than or equal to the price of less nutritious foods.
- Work with your vendor toward a goal of having at least half of all available food items be healthy options. Include items that have no more than 30% of calories from fat, no more than 10% of calories from saturated fat, and no more than 35% sugar by weight. (See www.publichealthadvocacy.org for nutrition standards and healthy food examples.)
- Work with your vendor to make a refrigerated vending machine available. Offer healthy perishable snacks like fresh fruits, pre-packaged vegetables, nonfat yogurt, 100% fruit juice, and lowfat and nonfat milk. Be sure that these products are restocked on a regular basis and kept fresh.
- Serving size is important. Make sure that the size available is a single-size serving. Remove multiple-serving choices of less nutritious foods.
- Don't let your worksite be an advertisement. Request that brand name advertisements for less healthy foods and posters and materials that promote junk food, soda, and sedentary behavior be removed. Replace them with non-promotional signs, such as a physical activity/healthy eating poster.
- At employer-sponsored coffee stations, meetings, and events, offer fruits and vegetables as snacks. If you cannot offer perishable items as snacks, go for healthier packaged foods such as dried fruits, granola bars, pretzels, and baked crackers. Serve water, lowfat or nonfat milk, and 100% fruit juice for beverages. Do not offer fruit drinks, which contain less than 50% juice, soda, or other sugary non-nutritive drinks.

- Make the healthy choice the easy choice by providing point-of-sale nutrition information and signage and offering promotions or sales on healthy items.
- Support employees who wish to brown bag healthy food from home by providing refrigerators and microwaves and a space for food preparation.

Physical Activity

- Encourage employees to incorporate physical activity into their day by offering promotional programs and educational materials.
- Support walking or biking to work, as well as physical activity at breaks or lunchtime by providing showers, changing facilities, lockers, and secure bike storage.
- Include activity or stretch breaks in meeting agendas, or conduct meetings while walking.
- Organize opportunities for physical activity, such as attractive and accessible stairwells, walking clubs or sports teams, and classes in empty conference rooms.
- Permit time off during the workday to participate in physical activity.

Environment

- Demonstrate your organization's commitment to employee health in the mission statement, management objectives, training, and during recruitment.
- Issue regular messages from the CEO and senior management in support of employee health.
- Include health topics in organization publications, such as newsletters, intranet, and bulletin boards.
- Make information about healthy eating and physical activity available throughout the worksite.
- Designate an employee with responsibility for health promotion.
- Form a wellness committee.

EVALUATION

The **California 5 a Day Worksite Program** welcomes your suggestions for improving Check for Health. We invite you to complete the following evaluation so that, with your valuable input, Check for Health remains an effective tool.

Please fax your completed evaluation to 1-916-449-5414 or mail to: *California 5 a Day Worksite Program*, P.O. Box 997413, MS-7204, Sacramento, CA 95899-7413

Please read each statement and circle the number that comes closest to your opinion. Indicate any additional comments or suggestions in the space provided.

Check for Health is easy to use.

1 strongly disagree 2 disagree 3 agree 4 strongly agree

Check for Health is applicable to my workplace.

1 strongly disagree 2 disagree 3 agree 4 strongly agree

Check for Health is easy to understand.

1 strongly disagree 2 disagree 3 agree 4 strongly agree

Check for Health instructions are clear.

1 strongly disagree 2 disagree 3 agree 4 strongly agree

Check for Health recommendations are useful.

1 strongly disagree 2 disagree 3 agree 4 strongly agree

Check for Health helped me identify ways my organization supports employee health.

1 strongly disagree 2 disagree 3 agree 4 strongly agree

As a result of Check for Health, my organization will make changes to support employee health.

1 strongly disagree 2 disagree 3 agree 4 strongly agree

My organization will repeat Check for Health to track our progress in enhancing employee health.

1 strongly disagree 2 disagree 3 agree 4 strongly agree

I would recommend Check for Health to another organization.

1 strongly disagree 2 disagree 3 agree 4 strongly agree

Please include any additional comments here:

Contact Information (optional)

Name _____

Organization _____

E-mail _____



California Department of Health Services

Public Health Institute

January 2004

The Network for a Healthy California—Worksite Program



P.O. Box 997413, MS-7204
Sacramento, CA 95899-7413

phone: (916) 449-5400 | fax: (916) 449-5414 | www.networkforahealthycalifornia.net